Section 12

Applicant and Enrollee Protections

Section 12. Applicant and enrollee protections (Sections 2101(a))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan.

Eligibility and Enrollment Matters

12.1 Please describe the review process for eligibility and enrollment matters that complies with 42 CFR 457.1120.

AHCCCS provides the opportunity for an external review (a hearing) with an Administrative Law Judge who works for the Office of Administrative Hearings. The Office of Administrative Hearings is a separate State agency. The right to a hearing is explained on the agency's decision notices which are sent to the primary informant when any action is taken to approve or deny eligibility, stop enrollment or increase the premium amount The notice provides an explanation of the hearing rights and gives the date by which a hearing must be requested, including the date to request a hearing if the person wants benefits to continue pending the hearing decision.

Health Services Matters

12.2 Please describe the review process for health services matters that complies with 42 CFR 457.1120.

The Administration provides both an informal and a formal review process to resolve health service matters presented by enrollees. The formal review process includes the opportunity for an expedited hearing which includes a formal evidentiary hearing. The hearing is conducted by an impartial third party, an Administrative Law Judge (ALJ), employed by an independent state agency, the Office of Administrative Hearings (OAH).

Enrollees are afforded due process. They may represent themselves or choose to be represented during the process. Additionally, they may fully participate in the process, having the opportunity to review all relevant information and to file supplemental information. If an expedited hearing is requested, it is held within 20-40 days of receipt of the request. State Law requires that the ALJ issue a recommended decision within 20 days from the date of the hearing, and that the Administration issue a decision adopting, modifying, or rejecting the ALJ recommended decision within 30 days. On average, this process is completed in less than 90 days.

If the dispute pertains to a reduction, suspension, or termination of services and the enrollee files the request for expedited hearing within 15 business days of the postmark date of the notice, services will be continued until a final decision is rendered. State regulations and contract additionally authorize a hearing to be conducted on a more abbreviated timeframe if the enrollee establishes cause. Enrollees also have the option of challenging health services matters through an informal grievance process. Once a

grievance determination is issued, the parties may request a formal evidentiary hearing which is conducted by OAH as generally outlined above

Premium Assistance Programs

12.3 If providing coverage through a group health plan that does not meet the requirements of 42 CFR 457.1120, please describe how the state will assure that applicants and enrollees have the option to obtain health benefits coverage other than through the group health plan at initial enrollment and at each redetermination of eligibility.